

Study ID

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## Monitoring growth and nutritional status of children in rural Bangladesh

### Three Month Household Questionnaire

#### 1. Identification

**Read: To begin with, I would like to collect some basic identification information from you.**

	Date of Interview:	<table border="1"> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>																				
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1.1	Child's mother name: _____	Mother Study ID:	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			
1.2	(MOTHER NAME), in what month and year were you born ( <i>month and year</i> )	month 88= Don't Know      Month <table border="1"><tr><td></td><td></td></tr></table> year 8888= Don't Know      Year <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																				
1.3a	How old were you at your last birthday? ( <i>compare with question 1.2 above for consistency</i> )	<table border="1"> <tr> <td></td><td></td> </tr> </table> Age in completed years -----																				
1.3b	Do you have a government ID card where your birth date is written down?  IF YES: May I see it? Verify age and return to respondent.  01 = Yes 02 = No 03 = No card 88 = Don't Know	<table border="1"> <tr> <td></td><td></td> </tr> </table>																				
1.4	Child's father name : _____																					
1.5	Name of Head of Household: _____																					
1.6	Area:	01= Karimganj <table border="1"><tr><td></td><td></td></tr></table> 02= Katiadi <table border="1"><tr><td></td><td></td></tr></table> , <table border="1"><tr><td></td></tr></table>																				
1.7	Union ,Ward:	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																				
1.8	Village/Block/Mohalla:	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																				

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1.9	<i>Is (INFANT NAME) alive today?</i>	01 = Yes 02 = No >> <b><i>Skip to “Verbal Autopsy Supplement” (Do NOT need to complete rest of this questionnaire)</i></b>  03 = Declined to answer 88 = Don’t know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>											
1.10	In the next 6 months are you planning to live at another place, different from the place you are living now?	01 = Yes 02 = No >> <b><i>Skip to 1.12</i></b> 88 = Don’t know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>											
1.11	How can we best reach you in 6 months?  Instructions: Write down new address, or probe for phone number that will not change in 6 months.	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												
1.12	Are you currently attending school?	01 = Yes 02 = No	<table border="1"> <tr> <td></td> <td></td> </tr> </table>											
1.13	What is the last class (grade) of school that you have completed?	<b><i>Instructions: Insert exact number of years completed.</i></b>  01 = 1 year      08 = 8 years 02 = 2 years      09 = 9 years 03 = 3 years      10 = 10 years 04 = 4 years      11 = 11 years 05 = 5 years      12 = 12 years 06 = 6 years 07 = 7 years 13 = Got admitted into the college but did not attend classes 14 = Got admitted into the college, attended classes, but did not appear at the exam 15 = College and post college degree 16 = Some college (undergraduate) 20 = Got admitted into the school, but never attended any class 21 = Got admitted into the school, attended classes, but did not appear at the exam 33 = Can not sign 44 = Can sign only 55 = Religious education only 66 = Never went to school 88 = Don’t Know 99 = Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>											
1.14	Are you currently working for income?	01 = Yes 02 = No 99 = Not Applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>											

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1.15	What type of work are you doing?	<i>Instructions: Code for different types of occupations below.</i>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

***Code for 1.15 -Types of Occupations (Circle the occupation)***

01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist), 02=Large business ( $\geq 10,000$ / Taka invested), 03=Small business ( $< 10,000$ / Taka invested), street vendors, 04=Blue collar services:(Factory worker, industry worker, garment worker), 05=White collar services: (Officer, manager, administrator, clerk), 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, mason, plumber, mechanic, tailor, handicraft), 07=Un-skilled worker (Boatman, fisherman), 08=Day laborer (Rickshaw/cart puller, construction worker, daily wage labor), 09=Farmer/share cropper, 10=Domestic maid/house maid, 11=House wife, 12=Overseas employment, 13=Beggar, 14=Unemployed, 15=Student, 16=Old aged/inactive, 17=Household work, 99=Not applicable, 77=Other (specify)\_\_\_\_\_

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## 2. Changes in Demographics and Socio-economic Status

*Read: Several months ago, we asked about the people usually living in your household. Now I would like to ask you about whether there have been any changes in the number of people living in your household, including any deaths and guests who stayed here last night.*

2.1	<p><b><i>Does (FAMILY MEMBER NAME) still usually live in your household? Please include any guests who stayed here last night. Also be sure to tell me if you are the person, or if the person has died.</i></b></p> <p>01 = Yes 02 = No 03 = No, person has died 04 = Yes, that person is the woman herself. 88 = Don't Know</p> <p><b><i>Instructions: BEFORE THE SURVEY, please fill out all members of the household listed in the baseline questionnaire (Section 2.1). During the survey, read out each member listed in the baseline questionnaire and record who is still there or who is no longer part of the household.</i></b></p> <p><b><i>When the name read out is the woman herself, please enter '04' as the code.</i></b></p> <p><b><i>Read: Please be sure to tell me if the name I read is your name.</i></b></p>	Line No.	Family Member Name		
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		02			
		03			
		04			
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## 2.2 Household Schedule

**Read: We would like to now include any additional people in your household who were not previously recorded. First, we would like to start with your newborn infant (or infants if you had multiple births at the same time).**

Line no.	Usual resident and visitors	Relationship to head of household	Sex	Residence		Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Current type of work																			
1	2	3	4	5		6	7	8	9	10	11	12																			
-----  List the names of your newborn infant(s) and record the sex as well as other information.		What is the relationship of (NAME) to the head of the household?  ----- <i>See codes below. Include Relationship Code</i>	Is (NAME) male or female?  ----- 1=M 2=F	Does (NAME) usually live here?  ----- 1=Yes 2=No	Did (NAME) stay here last night?  ----- 1=Yes 2=No	How old is (NAME)?  ----- (complete year) <i>If age is less than 1 year write '00'</i>  88=Don't Know	What is (NAME) current marital status?  ----- 01=current married 02=divorced /separated/ deserted/ widowed 03=never-married 04=Widower 88=Don't Know, 99 = Not Applicable	Has (NAME) ever attended school?  ----- 01=Yes 02=No 88=Don't Know, 99=Not Applicable	What is the level of school (NAME) has last attended? ----- <i>Insert exact number of years completed</i> 33=Can't signature, 44=Can signature only, 55=Religious education only 66=Never went to school 88=Don't know 99=Not Applicable	Is (NAME) currently attending school?  ----- 01=Yes 02=No 88=Don't Know, 99=Not Applicable	Is (NAME) currently working?  ----- 01=Yes 02=No 88=Don't Know, 99=Not Applicable no need	What type of work is (NAME) currently doing?  ----- Use codes given below 99= Not Applicable (in case of a child)																			
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Line no.	Usual resident and visitors	Relationship to head of household	Sex	Residence		Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Current type of work
1	2	3	4	5		6	7	8	9	10	11	12
<p><b>Read: We would like to now include any additional people in your household who were not previously recorded. Please give me the names of only any additional people who now usually live in your household including any guests who stayed here last night.</b></p> <p><b>Instructions: Please start with newborn infant(s) first, and record on the previous page.</b></p> <p>-----</p> <p>List the names and record the relationship and sex for each person.</p>		<p>What is the relationship of (NAME) to the head of the household?</p> <p>-----</p> <p>See codes below. Include Relationship Code</p>	<p>Is (NAME) male or female?</p> <p>-----</p> <p>1=M, 2=F</p>	<p>Does (NAME) usually live here?</p> <p>-----</p> <p>1=Yes 2=No</p>	<p>Did (NAME) stay here last night?</p> <p>-----</p> <p>1=Yes 2=No</p>	<p>How old is (NAME)?</p> <p>-----</p> <p>(complete year) If age is less than 1 year write '00'</p> <p>88=Don't Know</p>	<p>What is (NAME) current marital status?</p> <p>-----</p> <p>01=current married 02=divorced/separated/deserted/widowed 03=never-married 04=Widower 88=Don't Know,</p>	<p>Has (NAME) ever attended school?</p> <p>-----</p> <p>01=Yes 02=No 88=Don't Know, `</p>	<p>What is the level of school (NAME) has last attended?</p> <p>-----</p> <p>Insert exact number of years completed 33=Can't sign, 44=Can sign only, 55=Religious education only 66=Never went to school 88=Don't know 99=Not Applicable</p>	<p>Is (NAME) currently attending school?</p> <p>-----</p> <p>01=Yes 02=No 88=Don't Know, 99=Not Applicable</p>	<p>Is (NAME) currently working?</p> <p>-----</p> <p>01=Yes 02=No 88=Don't Know, 99=Not Applicable no need</p>	<p>What type of work is (NAME) currently doing?</p> <p>-----</p> <p>Use codes given below 99= Not Applicable (in case of a child)</p>
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02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Codes for question no. 3: Relationship with the household head

01 = Household head, 02 = Spouse, 03 = Daughter/son, 04 =Son-in-law/daughter-in-law, 05 =Grand son/grand daughter, 06 =Father/mother, 07 = Father-in-law/mother-in-law  
 08 = Brother-in-law/sister-in-law, 09 = Other relative(Specify)-----, 10= Foster child/step child, 11= Brother/sister, 12= Non-relative, 88=Don't know  
 77= Others(Specify)-----

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Codes of occupation for question no. 12

01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist), 02=Large business ( $\geq 10,000$ / Taka invested), 03=Small business ( $< 10,000$ / Taka invested), street vendors, 04=Blue collar services: (Factory worker, industry worker, garment worker), 05=White collar services: (Officer, manager, administrator, clerk), 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, mason, plumber, mechanic, tailor, handicraft), 07=Un-skilled worker (Boatman, fisherman), 08=Day labor (Rickshaw/cart puller, construction worker, daily wage labor), 09=Farmer/share cropper, 10=Domestic maid/house maid, 11=House wife, 12=Overseas employment, 13=Beggar, 14=Unemployed, 15= Student, 16= Aged, 17= Household task, 99=Not Applicable, 88= Don't know, 77=Other (specify)\_\_\_\_\_

2.3	<p><b><i>Read: Now, I would like to make sure that we have included everyone in our list of people in your household.</i></b></p> <p><b><i>Have we included your newborn infant(s)?</i></b></p>	<p>01 = Yes 02 = No</p> <p>88 = Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
2.4	<p><b><i>Have we now included all other people in your household in our listing?</i></b></p> <p><b><i>Instructions: If "No", complete detailed Household Schedule Information below.</i></b></p>	<p>01 = Yes 02 = No</p> <p>88= Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
2.5	<p><b><i>(MOTHER NAME), what is your current marital status?</i></b></p>	<p>01=Married, 1<sup>st</sup> wife 02 = Married, 2<sup>nd</sup> wife 03 = Married, 3<sup>rd</sup> wife 04 = Married, 4<sup>th</sup> wife</p> <p>05 = Single, never married 06 = Single, separated 07= Single, widowed 08= Single, divorced 09 = Deserted 88 = Declined to answer 99=Not Applicable 77 = Other. Please Specify</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		



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### 3. Food Securities and Maternal Diet and Nutrition

*Read: Now I would like to ask you some questions about your family's habits relating to food.*

Q-01.	During the last 30 d, at what interval has your household purchased rice?	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-02.	During the last 30 d, at what interval has your household purchased "kanchabajar"? (Note: "kanchabajar" refers to shopping of perishable food items such as vegetables, fish and meat.)	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-03.	During the last 30 d, how many times a day did cooking usually take place in your household?	1. Never 2. Once a day 3. Twice a day 4. Three times a day 5. Four times or more	<input type="checkbox"/>
Q-04.	During the last 30 d, has your household helped others with cash or food items (like rice) for enabling them to make a meal? (If the girl/woman is poor, tell her that we need to ask this question of everybody, so she does not mind.)	1 = Yes 2 = No	<input type="checkbox"/>
Q-05.	During the last 30 d, how often has your household had to borrow from others to make a meal? (If the woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1. Never >> Skip to Q-07. 2. 1–3 times in the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-06.	Have you paid back or do you think you can pay back?	1 = Yes 2 = No	<input type="checkbox"/>
Q-07.	During the last 30 d, how many times on average have you had a fulfilling meal in a day?	1. One time 2. Two times 3. Three times 4. Four times	<input type="checkbox"/>
Q-08.	During the last 30 d, how often has it happened that you could NOT eat as many fulfilling meals as you would like to have done?	1. Never 2. Less than once in 7 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-09.	For the last 30 d, did you usually have snacks in between meals?	1.No 2. Once or twice 3. Three times or more	<input type="checkbox"/>
Q-10.	For the last 30 d, how often did you have fish/meat? (If the girl/woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1.Not once 2.Less than once in 7 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	<input type="checkbox"/>
Q-11.	During the last 30 d, how often have you had to eat rice with just chili and salt?	1.Did not have to 2.Less than once in 7 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	<input type="checkbox"/>

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**Food Groups and Weights**

*Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had in the past 7 days.*

3.1	Food items	Food groups	Weight	Number of days consumed (in last 7 days)
A.	Maize, Rice, porridge, smashed rice/rice gruel, bread and other cereals	Cereals and Tubers	2	
B.	Cassava, potatoes and sweet potatoes			
C.	Beans, peas, groundnuts and cashew nut	Pulses	3	
D.	Vegetables and leaves	Vegetables	1	
E.	Fruits	Fruit	1	
F.	Beef, goat, poultry, pork, eggs, dried fish and fish	Meat and fish	4	
G.	Milk, yogurt and other dairy	Milk	4	
H.	Sugar and sugar products	Sugar	0.5	
I.	Oils, fats and butter	Oil	0.5	
J.	Condiments	Condiments	0	

**Dietary Diversity: Individual Dietary Diversity Questionnaire (IDDS)**

*Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had in the past 24 hours.*

*Instructions: Please code '1' if the mother has consumed the food mentioned in the list in past 24 hours, otherwise code '2' Please circle the food name that has been consumed.*

3.2	Food list	Example	1=Yes, 2=No
A.	CEREALS	Rice, smashed rice/rice gruel, bread, noodles, biscuits or any other foods made from wheat or rice	
B.	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrots, sweet potatoes and other locally available vitamin-A rich vegetables	
C.	WHITE TUBERS AND ROOTS	White potatoes or foods made from roots	
D.	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables locally available vitamin-A rich leaves (e.g. amaranth leaves)	
E.	OTHER VEGETABLES	other vegetables (e.g. tomato, eggplant)	
F.	VITAMIN A RICH FRUITS	fruits rich in vitamin A (e.g. ripe mangoes, papaya, jackfruit)	
G.	OTHER FRUITS	other fruits including guava, pineapple, watermelon, melon, orange, apple, grape, banana	
H.	ORGAN MEAT (IRONRICH)	liver, kidney, heart or other organ meats	

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I.	FLESH MEATS	beef, lamb, goat, chicken, duck, or other birds	
J.	EGGS	egg	
K.	FISH	fresh or dried fish or shellfish	
L.	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds or foods made from these	
M.	MILK AND MILK PRODUCTS	Milk (cow's, goat's), cheese, yogurt or other milk products	
N.	OILS AND FATS	Oil, fats or butter added to food or used for cooking	
O.	JUNK FOOD	Cookies (cake, biscuit, cheaps), sweets, samocha	

3.3	Are you currently taking any iron tablets or iron syrup?	01 = Yes 02 = No 88 = Don't know	<table><tr><td></td><td></td></tr></table>				
3.4	Did you take any iron tablets or iron syrup during your pregnancy?	01 = Yes 02 = No>>skip to Q-4.1 88 = Don't know>>skip to Q-4.1	<table><tr><td></td><td></td></tr></table>				
3.5	During this pregnancy, how many months/days did you take iron tablets or syrup?	<div>Months</div> <table><tr><td></td><td></td></tr></table> <div>Days</div> <table><tr><td></td><td></td></tr></table> <div>00= None received 99 = Not Applicable</div>					
3.6	During this pregnancy, how many days per week did you take iron tablets or syrup?	----- Times 99 = Not Applicable	<table><tr><td></td><td></td></tr></table>				
3.7	During this pregnancy, how many times per day did you take iron tablets or syrup?	----- number 99 = Not Applicable	<table><tr><td></td><td></td></tr></table>				
3.8	From where did you receive iron tablets?	01=Government Hospital 02=Upazila Health Complex 03=Maternal and Child Welfare Center 04=NGO Static Clinic 05= FWC 06=Private Hospital/Clinic 07=Other Private Medical Center 08= Pharmacy	<table><tr><td></td><td></td></tr></table>				

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		09 = Village Doctor 10= Community Clinic 11= Health Worker 77= Others(Specify)----- 88 = Don't know 99 = Not applicable ( <i>if Q-3.8 'no/don't'</i> )			
3.9	<i>Did you take all iron tablets that you received?</i>	01= Yes 2= No>> <i>skip to Q-3.11</i> 88 = Don't know>> <i>skip to Q-3.11</i> 99 = Not applicable ( <i>if Q-3.8 'no/don't'</i> )	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
3.10	<i>Why did you take all iron tablets?</i>	01 = Felt necessary 02= Encouraged by family members 03= Doctor adviced 77= Others(Specify)----- ----- 88 = Don't Know 99 = Not applicable ( <i>if Q-3.8 'no/don't'</i> )	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
3.11	<i>Why did you not take all iron tablets?</i>	01 = Disliked taste 02 = Forgot 03 = Disliked side effects 04 = Felt unnecessary 05 = Gave away iron tablets 06= Objection from family 07 = Lost of tablet 08= Insufficient iron tablet supply 09= Unable purchased 10= Vertigo 77= Others(Specify)----- ----- 88 = Don't Know 99 = Not applicable ( <i>if Q-3.8 'no/don't'</i> ) ( <i>if Q-3.9 'yes'</i> )	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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#### 4. Delivery

*Read: Now I would like to ask you some questions regarding your recent experience in giving birth to your infant.*

4.1	What is the name of your <b>newborn</b> baby?	_____							
4.2	Is (INFANT NAME) a boy or a girl?	01 = Boy 02 = Girl	<table border="1"><tr><td></td><td></td></tr></table>						
4.3	What date did you give birth to (INFANT NAME)?	Day Month Year	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
4.4	How old is (INFANT NAME) today?	Months _____ Days _____	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
4.5	Now we would like to just confirm the birth date of (INFANT NAME).  Do you have a growth monitoring card where (INFANT NAME)'s vaccinations or identify where this information is written down?  <b>IF YES, ask: May I see it please?</b>	01 = Yes, seen the card 02 = Yes, not seen the card 03 = No card 04 = Vaccine is not given yet	<table border="1"><tr><td></td><td></td></tr></table>						
4.6	On the growth monitoring card, what was the age when (INFANT NAME) was first weighed?  <b>Instructions: If the child has no growth monitoring card but mother can tell the weight of the child please confirm that Q-4.5 is marked as "03."</b>	-----Months  01= No age of first weight measurement recorded. 02 = child has no growth monitoring card>>skip to Q-4.8 88 = Don't know 99 = Not applicable	<table border="1"><tr><td></td><td></td></tr></table>						
4.7	On the growth monitoring card, what is the total number of times that (INFANT NAME) was weighed?	Number of times-----  01= No weight recorded. 88 = Don't know 99 = Not applicable	<table border="1"><tr><td></td><td></td></tr></table>						
4.8	Were there any complications during pregnancy?	01 = Yes 02 = No >> Skip to 4.10 88 = Don't know>> Skip to 4.10	<table border="1"><tr><td></td><td></td></tr></table>						

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4.9	<p>What complications occurred during pregnancy?</p> <p>01= Yes 02= No 88 = Don't Know 99 = Not applicable (<i>if no response</i>)</p>	<p>Early pregnancy bleeding</p> <p>Incompetent cervix</p> <p>Diabetes</p> <p>Placenta abruption</p> <p>High blood pressure</p> <p>Rh Disease</p> <p>Group B strep</p> <p>High Fever (fever with chills or rigors)</p> <p>Convulsion</p> <p>Swelling of the limbs</p> <p>Other. Specify: _____</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
4.10	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>01= Yes 02= No &gt;&gt; Skip to 4.12 88= Don't Know &gt;&gt; Skip to 4.12</p>	<table border="1"> <tr><td></td><td></td></tr> </table>																		
4.11	<p>How many times did you get this tetanus toxoid injection?</p>	<p>----- times 88= Don't Know 99= Not applicable</p>	<table border="1"> <tr><td></td><td></td></tr> </table>																		
4.12	<p>Were you aware of any complications that occurred during delivery?</p>	<p>01= Yes 02= No</p>	<table border="1"> <tr><td></td><td></td></tr> </table>																		
4.13	<p>Around the time of the birth of (INFANT NAME), did you have any problems?</p>	<p>01= Yes, 02= No&gt;&gt; Skip to 4.15</p>																			

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4.13	Around the time of the birth of (INFANT NAME), did you have any problems?	01= Yes, 02= No>> Skip to 4.15 88= Don't Know >> Skip to 4.15																			
4.14	What were the problems?  01= Yes 02= No 88 = Don't Know	<p>Long labor that is regular contractions, which lasted more than 12 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions?</p> <p>Baby's hands or feet came first during delivery?</p> <p>Rupture membrane</p> <p>When water broke, hours</p> <p>Days</p> <p>Other. Specify:-----</p>	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>																		
4.15	Where did you give birth to (INFANT NAME)?  INSTRUCTIONS: Probe to identify the type of source and circle the appropriate code.	11=Your Home 12=Maternal Family Home 21=Government Hospital 22=Upazila Health Complex 23=Maternal and Child Welfare Center 31=NGO Static Clinic 41=Private Hospital/Clinic 42=Other Private Medical Center 77=Others (Specify)-----	<table border="1"><tr><td></td><td></td></tr></table>																		
4.16	Was (INFANT NAME) born by cesarean section?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>																		
4.17	After (INFANT NAME) was born, did any medical persons check on your baby's health?	01 = Yes 02 = No >> <b>Skip to 5.1</b> 88 = Don't Know >> <b>Skip to 5.1</b>	<table border="1"><tr><td></td><td></td></tr></table>																		
4.18	How long after delivery did the first check take place?  (From birth to one month)	Hours Days	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>																		

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4.18	How long after delivery did the first check	<div>Hours</div> <div>Days</div> <div>Weeks</div> <div>88=Don't Know</div> <div>99=Not applicable (<i>If, Q-4.16 'No/Don't know'</i>)</div> <div> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <div> <table border="1"> <tr> <td></td> <td></td> </tr> </table> </div>															
4.19	Who checked on your baby's health? (01 month from birth)	01 = Health Personnel / Qualified Doctor 02=Nurse/Midwife/Paramedic 03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer  06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA 13 = Unqualified Doctor															



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## 5. Breastfeeding Practices and Experiences

**Read:** Now I would like to ask you some questions about how you have been feeding your **NEWBORN** from birth until now.

5.1	<b>How much time after birth did you first put (INFANT NAME) to your breast to feed him/her?</b>	01 = Immediately (within 5 minutes) 02 = Within 6- 15 minutes 03 = Within 16- 30 minutes 04 = 31-59 minutes 05 =1- 2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 77 = Other. Specify  88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.2	<b>How much time after birth was (INFANT NAME) first given colostrum?</b>	01 = Immediately (within 5minutes) 02 = Within 6- 15 minutes 03 = Within 16- 30 minutes 04 = 31-59 minutes 05 =1- 2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 77 = Other. Specify  88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.3	<b>How much time after birth was (INFANT NAME) first given any other liquids to drink (such as Sugar Water/Honey/Oil) except breast milk?</b>	01 = Immediately (within 5minutes) 02 = Within 6- 15 minutes 03 = Within 16- 30 minutes 04 = 31-59minutes 05 =1- 2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 15=Not given 77 = Other. Specify  88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.4	<b>At what age was (INFANT NAME) first given breast milk to drink?</b>	01=Never given breast milk 02 = Immediately (within 5minutes) 03 = Within 6- 15 minutes 04 = Within 16- 30 minutes 05 = 31-59 minutes 06 =1- 2 hours 07 = 3-5 hours 08 = 6-9 hours 09 = 10-12 hours 10 = 13-24 hours 11 = 25-36 hours	12 = 37- 48 hours 13 = after 2 days 14 = after 3 days 15 = 4 days or more 16=1 week after birth 17=2 weeks after birth 18=3 weeks after birth 19=Not given 77 = Other. Specify  88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.5	<b>Has (INFANT NAME) ever been given water to drink?</b>		01 = Yes 02 = No>> Skip to 5.7  88 = Don't Know>> Skip to 5.7	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.6	<b>At what age was (INFANT NAME) first given water to drink?</b>	01 = Never given water 02 = Immediately (within5 minutes) 03 = Within 6-15 minutes 04 = Within16- 30 minutes 05 = 31-59minutes  06 = 1-2 hours 07 = 3-5 hours 08 = 6-9 hours	12 = 37hours -1 week after birth 13 = 1 weeks after birth 14 = 2 weeks after birth 15 = 1months after birth 16 = 2 months after birth 17= 3 months after birth 18=Don't give 77 = Other. Specify  	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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5.6	<i>At what age was (INFANT NAME) first given water to drink?</i>	09 = 10-12 hours 10 = 13-24 hours 11 = 25-36 hours	88 = Don't Know 99= Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
5.7	<i>Has (INFANT NAME) ever been given food to eat?</i>		01 = Yes 02 = No >> Skip to 5.9  88 = Don't Know>> Skip to 5.9	<table border="1"><tr><td></td><td></td></tr></table>		
5.8	<i>At what age was (INFANT NAME) first given food to eat?</i>	01 = Never given food 02 = Immediately (within 5minutes) 03 = Within 6- 15 minutes 04 = Within 16- 30 minutes 05 = 31-59minutes 06 = 1- 2 hours 07 = 3-5 hours 08 = 6-9 hours 09 = 10-12 hours 10 = 13-24 hours 11 = 25-36 hours	12 = 37hours-1 week after birth 13 = 1 weeks after birth 14 = 2 weeks after birth 15 = 1 months after birth 16 = 2 months after birth 17 = 3 months after birth 18 = Don't give 77 = Other. Specify----- ----- 88 = Don't Know 99= Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		

5.9	5.10	5.11	5.12	5.13	5.14												
<i>Colostrum is the first milk-like substance, thick, yellow/cream in color, produced during the first few days after birth (0-3 days).</i>  When (INFANT NAME) was 0-3 days old, what was he/she given to drink?	When (INFANT NAME) was 4 days old, what was he/she given to drink?	When (INFANT NAME) was 2 weeks old, what was he/she given to drink?	When (INFANT NAME) was 1 month old, what was he/she given to drink?	When (INFANT NAME) was 2 months old, what was he/she given to drink?	When (INFANT NAME) was 3 months old, what was he/she given to drink?												
<b>Instructions: Please mark all that apply.</b> 01 = Breast milk 02 = Colostrum 03 = Plain Water 04 = Animal Milk (Cow, Goat) 05 = Sugar Water/Honey/Juice 06 = Commercial Infant Formula 07 = Yoghurt 08 = Luta ("sugi", dilute semolina) 88 = Don't Know 99= Not applicable 77 = Other Liquid. Specify -----																	
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
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Other _____	_____	_____	_____	_____	_____												

**Read: Now I would like to ask you about any liquids (INFANT NAME) had in the last 24 hours.**

5.15	Did (INFANT NAME) drink:		
A	Breast milk?	01 = Yes	_____

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		02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
B	Plain water?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
C	Sugar Water/Honey/Juice	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
D	Commercially produced infant formula/baby formula?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
E	Cow's milk?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
F	Goat's milk?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
G	Yoghurt?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
H	Luta ("sugi", dilute semolina)	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
I	Other liquid (aside from breast milk or the liquids just previously named)?	01 = Yes 02 = No 88 = Don't Know  If Yes, please specify: _____ _____ _____ _____	<table border="1"><tr><td></td><td></td></tr></table>		

**Read: Now I would like to ask you about any foods (INFANT NAME) had in the last 24 hours.**

**Instructions: Please code '1' if the infant has consumed the food mentioned in the list in past 24 hours, otherwise code '2'  
Please circle the food name that has been consumed.**

5.16	Food list	Example	1=Yes, 2=No
A.	CEREALS	Rice,bread, noodles, biscuits, cookies or any other foods made from rice, wheat , luta	
B.	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrots or sweet potatoes that are orange inside + other locally available vitamin-A rich vegetables	
C.	WHITE TUBERS AND	White potatoes or foods made from roots.	

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	ROOTS		
D.	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables locally available vitamin-A rich leaves such as amaranth leaves etc.	
E.	OTHER VEGETABLES	other vegetables e.g. tomato, eggplant	
F.	VITAMIN A RICH FRUITS	ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits	
G.	OTHER FRUITS	other fruits including guava, pineapple, watermelon, melon, orange, apple, grape, banana	
H.	ORGAN MEAT (IRONRICH)	liver, kidney, heart or other organ meats	
I.	FLESH MEATS	beef, lamb, goat, chicken, duck, or other birds	
J.	EGGS	egg	
K.	FISH	fresh or dried fish or shellfish	
L.	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds or foods made from these	
M.	MILK AND MILK PRODUCTS	Milk (cow's, goat's), cheese, yogurt or other milk products	
N.	OILS AND FATS	oil, fats or butter added to food or used for cooking	
O.	JUNK FOOD	cookies, sweets	

5.17	How many times did (INFANT NAME) eat solid, semisolid or soft foods in the last 24 hours?	00 = 0 times 01 = 1 times 02 = 2 times 03 = 3 times 04 = 4 times 05 = 5 times 06 = 6 times 07 = 7 times 08 = 8 times or more 88 = Don't Know	<table><tr><td></td><td></td></tr></table>		

**Read: Now, I would like to ask you a few questions about bottle feeding (INFANT NAME).**

5.18	Have you ever fed (INFANT NAME) using a bottle?	01=Yes 02=No » Skip to section 6.1	<table><tr><td></td><td></td></tr></table>		
5.19	What do you bottle feed (INFANT NAME)?	01=Cow’s milk 02=Goat’s milk 03=Commercially produced infant/baby formula 04=Breast milk  05 = Luta (semolina, or “sugi” diluted with water)  06=Water 07=Tea 08=Fruit juice 09=Sugar/water/honey  99=Not Applicable(If,Q-5.8 is “no”)	<table><tr><td></td><td></td></tr></table>		

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5.20	How often do you bottle feed (INFANT NAME) in a week?	01=7 or more times/week 02= 4-6 times/week 03=0-3 times/week 77=Other. Specify ----- 88 = Don't Know 99=Not Applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.21	How many days in the last month did you bottle feed (INFANT NAME)?	----- days in a month  99=Not Applicable (If Q-5.8 is "no")	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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## 6. Intentions for Introducing Foods

**READ:** Now I would like to ask you some questions about your plans to feed your newborn baby. Please choose the answer that most clearly matches your opinion considering both your plans and the likelihood that you will carry out those plans.

6.0	<p><b>Instructions:</b> In this section, <b>ONLY</b> ask either questions A or B. Based on respondent's answers to 5.9-5.16 decide whether the infant is:</p> <p>A) Currently still exclusively breastfed (if Q-5.9-5.14 answer is "01=breast milk" and except 5.15A, all answers including 5.16 are "NO")</p> <p>B) Not exclusively breastfed (if 5.9-5.14 is "02-08,88,77 or 5.15B-I and 5.16 any one response is YES")</p> <p>Please code A or B first.</p>	<p>01=A 02=B</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>		

	A – Currently Still Exclusively Breastfed Infants	B - Not Exclusively Breastfed Infants				
6.1	How long do you plan to give (INFANT NAME) nothing other than breast milk, not even water?	How long did you plan to give (INFANT NAME) nothing other than breast milk, not even water?	00 if <01 month 01 month 07 months 02 months 08 months 03 months 09 months 04 months 10 months 05 months 11 months 06 months 12 months  >12 months (please specify)  88=Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
6.2	When did you decide how long you are going to give (INFANT NAME) nothing other than breast milk, not even water?	Skip to 6.3	01= Before you became pregnant 02= During pregnancy 03= After the baby's birth 04=During the first three months after birth 05=Did not make any decision  88=Don't know  99= Not Applicable (If Q-6.2 B is not answered)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
6.3	Skip to 6.5	How long do you plan to give (INFANT NAME) breast milk?	03 month 09 months 15 months 04 months 10 months 16 months 05 months 11 months 17 months 06 months 12 months 18 months 07 months 13 months 19 months 08 months 14 months 20 months  >20 months (please specify)  88=Don't know 99= Not Applicable (If Q-6.3 A is not answered)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
6.4	Skip to 6.5	When did you decide how long you are going to give (INFANT NAME) breast milk?	01= Before you became pregnant 02= During pregnancy 03= After the baby's birth 04=During the first three months after birth 05=Did not make any decision  88=Don't know  99= Not Applicable (If Q-6.4 A is not answered)			
6.5	At what age, do you plan to first introduce other liquids (aside from breast milk) to	At what age, did you first introduce other liquids (aside from breast milk) to	00 if < 01 month 01 month 07 months 02 months 08 months			

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	<i>(INFANT NAME)'s diet?</i>	<i>(INFANT NAME)'s diet?</i>	03 months   09 months 04 months   10 months 05 months   11 months 06 months   12 months  >12 months (please specify)  88=Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
	INSTRUCTIONS: Record the number of <i>months</i> reported. If '1 month', record '01'. If '>12 months', still record in months. For example, if 1 year and 3 months, enter '15m'  If <01 month, record number of days AND 00 month.							
6.6	<i>At what age, do you plan to first introduce other foods (aside from breast milk) to (INFANT NAME)'s diet?</i>	<i>At what age, did you first introduce other foods (aside from breast milk) to (INFANT NAME)'s diet?</i>	00 if < 01 month  01 month   07 months 02 months   08 months 03 months   09 months 04 months   10 months 05 months   11 months 06 months   12 months  >12 months (please specify)  88=Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.7 A	<i>In the first few days (1-3 days) after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?</i>	<i>In the first few days after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?</i>	----- Times/Day  88=Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.7 B	<i>In the first week after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?</i>	<i>In the first week after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?</i>	----- Times/Day  88=Don't know					
6.7 C	<i>In the first month after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?</i>	<i>In the first month after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?</i>	----- Times/Day  88=Don't know					
6.7 D	<i>In the first three months after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?</i>	<i>In the first three months after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?</i>	----- Times/Day  88=Don't know					
6.8	<i>Skip to 6.9</i>	<i>In the next 6 months from today, how many times a day do you plan to give (INFANT NAME) foods?</i>	----- Times/Day  88=Don't know  99 = Not Applicable (If Q-6.8 "A" is not answered)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.9	<i>When you first begin to give (INFANT NAME) other foods, what types of foods do you plan to give in the first week he/she eats foods?</i>	<i>When you first began giving (INFANT NAME) other foods, what types of foods did you first give to (him/her) in the first week he/she eats foods?</i>  01 = Yes	Cereals (bread, noodles, biscuits, cookies, or any other foods made from rice, wheat)  Vitamin A Rich Vegetables and Tubers (pumpkin, carrots, or sweet potatoes that are orange inside + other locally available vitamin	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				





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			Vitamin A Rich Fruits (ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits)	<input type="checkbox"/> <input type="checkbox"/>
			Other Vegetables (e.g. tomatoes, eggplant)	<input type="checkbox"/> <input type="checkbox"/>
			Other Fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)	<input type="checkbox"/> <input type="checkbox"/>
			Organ Meat (iron rich)	<input type="checkbox"/> <input type="checkbox"/>
			Flesh Meats (beef, lamb, goat, chicken, duck, or other birds)	<input type="checkbox"/> <input type="checkbox"/>
			Eggs	<input type="checkbox"/> <input type="checkbox"/>
			Fish (fresh/dried fish or shellfish)	<input type="checkbox"/> <input type="checkbox"/>
			Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these)	<input type="checkbox"/> <input type="checkbox"/>
			Milk (cow's, goat's), cheese, yogurt, or other milk products	<input type="checkbox"/> <input type="checkbox"/>
			Oil, fats, or butter added to food or used for cooking	<input type="checkbox"/> <input type="checkbox"/>
			Do you plan	<input type="checkbox"/> <input type="checkbox"/>
			Other(s). Specify _____	<input type="checkbox"/> <input type="checkbox"/>

6.11	<b>Have you heard of sprinkles or multiple-micronutrient powders (MNP)?</b>	01 = Yes 02 = No>>skip to 7.1 88 = Don't know >>skip to 7.1	<input type="checkbox"/> <input type="checkbox"/>
6.12	<b>Do you plan to give sprinkles to (INFANT NAME)?</b>	01 = Yes>>skip to 6.14 02 = No 03 = Already give sprinkles>>skip to 6.14 88 = Don't know>>skip to 7.1 99 = Not Applicable	<input type="checkbox"/> <input type="checkbox"/>
6.13	<b>Why not?</b> <i>I=Yes, 99 =Not Applicable(If no response)</i> <b>Instructions: Please mark all responses.</b>	Difficult to find in stores Too expensive No need to Doctor never recommended My family does not think necessary I don't think it is necessary	<input type="checkbox"/> <input type="checkbox"/>

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		<p>My friends do not think it is necessary</p> <p>Others. Please specify:</p> <hr/> <hr/>	<hr/>		
6.14	<i>Why?</i>	<p>Good for baby</p> <p>Easy to feed sprinkles</p> <p>Reasonable price</p> <p>Recommended</p> <p>Others also use sprinkles</p> <p>Others. Please specify:</p> <hr/> <hr/>	<table border="1"><tr><td></td><td></td></tr></table>		

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## 7. Knowledge on Introducing Foods

**READ:** Now I would like to ask you some general questions regarding feeding your baby foods. After each of the following statements, I will read out options.

**Instructions:** Read ALL the options.

7.1	<p><b><i>At what age is it recommended that a baby begin to drink other liquids, aside from breast milk? (to be given)</i></b></p>	<p>00= Less than 01 month after baby's birth  01 month    07 months  02 months   08 months  03 months   09 months  04 months   10 months  05 months   11 months  06 months   12 months</p> <p>&gt;12 months (please specify)</p> <p>88=Don't know</p> <p>99= Not Applicable (if no response)</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
7.2	<p><b><i>How long after birth is it recommended that a baby begin to eat foods, aside from breast milk? (to be given)</i></b></p>	<p>00= Less than 01 month after baby's birth  01 month    07 months  02 months   08 months  03 months   09 months  04 months   10 months  05 months   11 months  06 months   12 months</p> <p>&gt;12 months (please specify)</p> <p>88=Don't know</p> <p>99= Not Applicable (if no response)</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
7.3	<p><b><i>How does a mother know when to introduce solid foods to (INFANT NAME)'s diet?</i></b></p> <p><i>INSTRUCTIONS: Please record all that apply</i></p> <p>01 = Yes  02 = No  99 = Not Applicable (If no response)</p>	<p>When infant is older than 6 months of age</p> <p>Infant can sit by him/herself</p> <p>Infant can hold up his/her head</p> <p>Infant has lost tongue thrust</p> <p>Infant has begun teething</p> <p>Infant can make chewing motions</p> <p>Infant has gained significant weight gain since birth</p> <p>Infant can close mouth around spoon</p> <p>Infant can control/move tongue around</p> <p>Infant shows interest in food</p> <p>Infant cries</p> <p>Infant is restless</p> <p>Mother's breast milk is not enough</p> <p>88=Don't know</p> <p>77=Other ( Specify) _____</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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7.4	<b><i>At that time, what are the first foods that are <u>recommended</u> for a baby to eat?</i></b>  <i>INSTRUCTIONS: Please record all that apply. First only ask the question and record responses. Then read out other remaining answers and record responses.)</i>  01 = Yes 02 = No 99 = Not Applicable (If no response)	Cereals (rice, wheat, jawar, hotchpotch)				
		Legumes (lentils, pulses, beans etc)				
		Foods from animals (egg, meat, fish)				
		Milk and milk products				
		Oil or fat				
		Sugar				
		Vegetables				
		Fruits				
		Nutritional supplements (sprinkles)				
		“Luta” (semolina, or “sugi” in a watery suspension)				
		Other (Specify)				

7.5	<b><i>When feeding a meal to a child who is 7-12 months old, what types of foods would you include in a single meal?</i></b>  <i>INSTRUCTIONS: Please record all that apply. First only ask the question and record responses. Then read out other remaining answers and record responses.)</i>  01 = Yes 02 = No 99 = Not Applicable ( <i>If no response</i> )	Cereals (rice, wheat, jawar, hotchpotch)				
		Legumes (lentils, pulses, beans etc)				
		Foods from animals (egg, meat, fish)				
		Milk and milk products				
		Oil or fat				
		Sugar				
		Vegetables				
		Fruits				
		Nutritional supplements (sprinkles)				
		“Luta” (semolina, or “sugi” in a watery suspension)				
		Other (Specify)				

**READ: Now I would like to ask you a few more questions about feeding your baby foods, in addition to breast milk. For these statements, I will not be reading aloud any options.**

7.6	<b><i>When an infant begins to eat foods in addition to breast milk, what are the <u>recommended</u> ways that his/her food be prepared?</i></b>  <i>INSTRUCTIONS: Please record all that apply</i>	Same food as for family		
		Different food than family		
		Watered down food		

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7.6	01 = Yes 99 = Not Applicable (If no response by mother)	<div>Pureed</div> <div>Mashed</div> <div>Semi-solid</div> <div>Other (Specify)</div> <div>-----</div> <div>-----</div>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												

7.7	<b><i>In general, is it <u>recommended</u> that infants under 6 months of age be given water if the weather is very hot?</i></b>	01= Yes 02= No  88=Don't know	<table border="1"> <tr><td></td><td></td></tr> </table>																				
7.8	<b><i>Imagine there is a mother who is having trouble beginning to introduce foods to her infant. What are the recommended ways a mother can try to feed her infant foods, aside from breast milk?</i></b>  <i>INSTRUCTIONS: Please record all that apply</i> 01= Yes 99=Not applicable (if not responded)	<div>Active encouragement</div> <div>Giving infant his/her own plate</div> <div>Force feeding</div> <div>Introducing new foods one at a time</div> <div>Talk to child while feeding</div> <div>Maintaining eye-to-eye contact</div> <div>Minimize distractions during meals</div> <div>Include a variety of foods slowly</div> <div>Include nutritional supplements</div> <div>Play (as encouragement)</div> <div>Other. Specify _____</div>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
7.9	<b><i>Do you think others will help you to feed your child?</i></b> 01= Yes 99=Not applicable (if not responded)	<div>Father-in-law</div> <div>Mother-in-law</div> <div>Husband</div> <div>Sister-in-law</div> <div>No, no one will help</div>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

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		Others (Specify)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

**READ: Now I would like to ask you a few more questions about feeding your baby foods if he/she has diarrhea. After each of the following questions, I will read out options.**

7.10	<p><b>What is <u>recommended</u> for a mother to do when her child has diarrhea?</b></p> <p><b>INSTRUCTIONS: Please read ALL options, and record all responses.</b></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Give syrups</p> <p>Give traditional medicine</p> <p>Treated by doctor</p> <p>Give Zinc</p> <p>ORS</p> <p>Other [Specify]-----</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
7.11	<p><b>What is recommended for a mother to do when her child had diarrhea/another illness?</b></p> <p><b>INSTRUCTIONS: Please read ALL options, and record all responses.</b></p> <p><b>PROBE: To clarify between different choices (e.g. less or more than usual?)</b></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Continue breastfeeding&gt;&gt; If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p> <p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p> <p>Give less liquids than usual</p> <p>Give as much liquids as usual</p> <p>Give more liquids than usual</p> <p>Give treated water</p> <p>Give carrot juice or rice water</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
7.12	<p><b>What <u>should</u> a mother do (in relation to feeding) AFTER her child has recovered from diarrhea or another illness?</b></p> <p><b>INSTRUCTIONS: Please read ALL options, and record all responses.</b></p> <p><b>PROBE: To clarify between different choices (e.g. less or more than usual?)</b></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Continue breastfeeding&gt;&gt; If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p> <p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

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			<p>Give less liquids than usual <input type="checkbox"/> <input type="checkbox"/></p> <p>Give as much liquids as usual <input type="checkbox"/> <input type="checkbox"/></p> <p>Give more liquids than usual <input type="checkbox"/> <input type="checkbox"/></p> <p>Give nutrient food <input type="checkbox"/> <input type="checkbox"/></p> <p>Give drugs/vitamins <input type="checkbox"/> <input type="checkbox"/></p> <p>Give treated water <input type="checkbox"/> <input type="checkbox"/></p> <p>Give carrot juice or rice water <input type="checkbox"/> <input type="checkbox"/></p> <p>Other [Specify]----- <input type="checkbox"/> <input type="checkbox"/></p>
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7.13	<p>Who provides you information on breastfeeding?</p> <p><i>Instructions: Please record all responses.</i></p> <p>01 = Yes</p> <p>99 = Not Applicable (If no response)</p>	<p>Mother <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother in law <input type="checkbox"/> <input type="checkbox"/></p> <p>Husband <input type="checkbox"/> <input type="checkbox"/></p> <p>Elder sister <input type="checkbox"/> <input type="checkbox"/></p> <p>Sister-in-law <input type="checkbox"/> <input type="checkbox"/></p> <p>Health Assistant <input type="checkbox"/> <input type="checkbox"/></p> <p>Family Welfare Assistant <input type="checkbox"/> <input type="checkbox"/></p> <p>MTMSG facilitator <input type="checkbox"/> <input type="checkbox"/></p> <p>Community Counselor <input type="checkbox"/> <input type="checkbox"/></p> <p>Community health and nutrition workers <input type="checkbox"/> <input type="checkbox"/></p> <p>Community health and nutrition mobilizer <input type="checkbox"/> <input type="checkbox"/></p> <p>Neighbor <input type="checkbox"/> <input type="checkbox"/></p> <p>Friend <input type="checkbox"/> <input type="checkbox"/></p> <p>None <input type="checkbox"/> <input type="checkbox"/></p> <p>Other. Specify _____</p> <p>_____</p> <p>Don't Know <input type="checkbox"/> <input type="checkbox"/></p>
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7.16	<p>Where do you gain knowledge about breastfeeding?</p> <p><i>Instructions: Please record all responses.</i></p> <p>01 = Yes 99 = Not Applicable (If no response)</p>	<p>-Counselors</p> <p>- MTMSG</p> <p>- Group education</p> <p>- EPI/GMP</p> <p>- Satellite clinic</p> <p>- Community clinic</p> <p>None</p> <p>- Other. Specify</p> <p>_____</p> <p>_____</p> <p>- Don't Know</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																								
7.17	<p>Where do you gain knowledge about complementary feeding?</p> <p><i>Instructions: Please record all responses.</i></p> <p>01 = Yes 99 = Not Applicable (If no response)</p>	<p>- Counselors</p> <p>- MTMSG</p> <p>- Group education</p> <p>- EPI/GMP</p> <p>05 = Satellite clinic</p> <p>- Community clinic</p> <p>None</p> <p>Radio</p> <p>TV</p> <p>News Paper</p> <p>Books</p> <p>- Other. Specify</p> <p>_____</p> <p>_____</p> <p>- Don't Know</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																								
7.18	Where do you gain knowledge about micronutrient powders		<table border="1"> <tr> <td></td> <td></td> </tr> </table>																																								

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7.18	<p>(SPRINKLES)?</p> <p><i>Instructions: Please record all responses.</i></p> <p>01 = Yes 99 = Not Applicable (If no response)</p>	<div> <div>- Counselors</div> <div>- MTMSG</div> <div>- Group education</div> <div>- EPI/GMP</div> <div>- Satellite clinic</div> <div>- Community clinic</div> <div>None</div> <div>- Other. Specify</div> <div></div> <div></div> <div>- Don't Know</div> </div>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <table border="1"> <tr> <td></td> <td></td> </tr> </table>																		

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## 8. Breastfeeding and Complementary Feeding Attitudes

**READ:** Now I would like to ask you about your intentions regarding feeding infants foods in addition to breast milk. Please consider the following statements about feeding your baby, (INFANT NAME). After I read each statement, please tell me whether you strongly disagree, disagree, agree, strongly agree with, or are neutral about the statement.

		Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
8.1	<i>Eating foods in addition to breast milk is healthy for the baby when he/she is older than 6 months.</i>	1	2	3	4	5
8.2	<i>When (INFANT NAME) is one year old, it is best to feed him/her both foods AND provide breast milk.</i>	1	2	3	4	5
8.3	<i>Feeding (INFANT NAME) food will make it easier for me to get rest at night.</i>	1	2	3	4	5
8.4	<i>Feeding (INFANT NAME) food costs more than just feeding my baby breast milk.</i>	1	2	3	4	5
8.5	<i>Feeding (INFANT NAME) nutritional supplements (such as sprinkles) ensures that he/she has the nutrition he/she needs.</i>	1	2	3	4	5
8.6	<i>It is easy to find nutritional supplements (such as sprinkles).</i>	1	2	3	4	5
8.7	<i>Nutritional supplements (such as sprinkles) are affordable.</i>	1	2	3	4	5
8.8	<i>I am able to provide enough breast milk for my baby.</i>	1	2	3	4	5
8.9	<i>I am always able to provide enough breast milk for my baby.</i>	1	2	3	4	5
8.10	<i>I have someone who is supportive of my breastfeeding.</i>  Instructions: If "Disagree" marked >> Skip to 8.12	1	2	3	4	5

8.11	<p><b><i>Who supports your breastfeeding?</i></b></p> <p>Instructions: Please mark ALL responses. 01 = Yes 99 = Not Applicable (If no response)</p>	Husband						
		Mother						
		Mother-in-law						
		Sister						
		Sister-in-law						
		Friend						
		No one supports						
		Other. Specify:						
8.12	<p><b><i>How would you rate your overall breastfeeding experience with (INFANT NAME) on a scale from 1 to 5.</i></b> 1 being ‘very bad, will never again breast feed’, and 5 being ‘very good, will continue to breastfeed future children.’</p>	Very Bad	Bad	So-So	Good	Very Good		
		1	2	3	4	5		

**READ:** Now I would like to ask you about who makes decisions about breastfeeding (INFANT NAME).

REMARK: You should like to ask you about who makes decisions about breastfeeding (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12).				
8.13	<p><b>Who makes decisions about up to what age (INFANT NAME) will be (or was) exclusively breastfed?</b></p> <p><b>Instructions:</b> (code '99' if the baby is fed with other food at present)</p>	<p>01 = Mother (interviewee) 02 = Father 03 = Mother's mother 04 = Mother-in-law 05 = Sister 06 = Sister-in-law</p>		

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		<i>99=Not applicable</i> <i>77 = Other. Specify</i>			
8.14	<i>Who makes decisions about up to what age (INFANT NAME) will be (or was) breastfed?</i>	<i>01 = Mother (interviewee)</i> <i>02 = Father</i> <i>03 = Mother's mother</i> <i>04 = Mother-in-law</i> <i>05 = Sister</i> <i>06 = Sister-in-law</i>  <i>99=Not applicable</i> <i>77 = Other. Specify</i>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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**Read:** For each of the following individuals, indicate what they believe is the best way to feed your child after 6 months of age. The options are as follows:

**The baby should:**

- 1) Receive only breast milk after 6 months of age.
- 2) Receive foods in addition to breast milk after 6 months of age.
- 3) Receive only foods (and no breast milk) after 6 months of age.

Please let me know if you would like me to repeat the three options at any point.

If father/mother/mother-in-law died or received no advice from doctor please note this by marking "99" as the response

If respondent does not know what the person thinks please note this by marking "88" as the response

8.15	My husband thinks I should	1	2	3	99	88
8.16	My mother thinks I should	1	2	3	99	88
8.17	My mother-in-law thinks I should	1	2	3	99	88
8.18	My sister thinks I should	1	2	3	99	88
8.19	My doctor thinks I should	1	2	3	99	88

**Read:** Now for each of the following individuals, please indicate what they believe is the best way to feed your child at 9 months of age. The options are as follows:

**The baby should:**

- 1) Receive only breast milk at 9 months of age.
- 2) Receive foods in addition to breast milk at 9 months of age.
- 3) Receive foods (and no breast milk) at 9 months of age.

Please let me know if you would like me to repeat the three options at any point.

If father/mother/mother-in-law died or received no advice from doctor please note this by marking "99" as the response

If respondent does not know what the person thinks please note this by marking "88" as the response

8.20	My husband thinks I should	1	2	3	99	88
8.21	My mother thinks I should	1	2	3	99	88
8.22	My mother-in-law thinks I should	1	2	3	99	88
8.23	My sister thinks I should	1	2	3	99	88
8.24	My doctor thinks I should	1	2	3	99	88

**Read:** Now for each of the following individuals, please indicate what they believe is the best way to feed your child at 9 months of age. The options are as follows:

**At 9 months of age, the baby should:**

- 1) Receive only breast milk at 9 months of age.
- 2) Receive foods without sprinkles(multiple micronutrient powder (MNP)) in addition to breast milk
- 3) Receive food with sprinkles in addition to breast milk
- 4) Receive only foods without sprinkles
- 5) Receive only food with sprinkles

Please let me know if you would like me to repeat the five options at any point.

If father/mother/mother-in-law died or received no advice from doctor please note this by marking "99" as the response

If respondent does not know what the person thinks please note this by marking "88" as the response

8.25	My husband thinks I should	1	2	3	4	5	99	88
8.26	My mother thinks I should	1	2	3	4	5	99	88
8.27	My mother-in-law thinks I should	1	2	3	4	5	99	88

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8.28	<i>My sister thinks I should</i>	1	2	3	4	5	99	88
8.29	<i>My doctor thinks I should</i>	1	2	3	4	5	99	88

**Read: Now I would like to ask for you to please tell me the degree to which you agree or disagree with the following statements.**

**1 = Strongly Agree    2 = Agree    3 = Neutral    4 = Disagree    5 = Strongly Disagree**

8.30	<i>I am able to give my baby foods in addition to breast milk.</i>	1	2	3	4	5
8.31	<i>I know how to give my baby foods in addition to breast milk.</i>	1	2	3	4	5
8.32	<i>I am determined to give my baby foods in addition to breast milk.</i>	1	2	3	4	5
8.33	<i>I won't need help to give my baby foods in addition to breast milk.</i>	1	2	3	4	5
8.34	<i>Giving my baby foods in addition to breast milk is easy.</i>	1	2	3	4	5
8.35	<i>I am confident I can give my baby foods in addition to breast milk.</i>	1	2	3	4	5
8.36	<i>I am confident I can give my baby foods with micronutrient powders in addition to breast milk</i>	1	2	3	4	5

**READ: Now I would like to ask you about you and people in your family or community.**

How much do you agree with the following statements? Please tell me whether you agree, disagree, or are unsure.

**Since you delivered your new baby...**

8.37	<i>... I have someone to help me if I am sick or need to rest</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify _____	<input type="text"/>
8.38	<i>... I have someone to take me to the clinic or doctor's office</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify _____	<input type="text"/>
8.39	<i>... I have someone to talk with about my problems</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify _____	<input type="text"/>
8.40	<i>... I have someone to help me if I am tired and feeling frustrated with my new baby</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify _____	<input type="text"/>

**READ: Now I would like to ask you 2 additional questions, which are still about you and people in your family or community. Again, I will first read a statement. Please tell me whether you agree, disagree, strongly agree, strongly disagree, or are unsure. 2**

8.41	<i>In general, I can trust the majority of people in my community.</i>	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify _____	<input type="text"/>
8.42	<i>I feel as though I am a part of this community.</i>	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify _____	<input type="text"/>

<sup>1</sup>Adapted from Pregnancy Risk Assessment Monitoring System and

Lippman et al. (2009) Social-Environmental Factors and Protective Sexual Behavior among Sex Workers: The *Encontros* Intervention in Brazil. *Amer J Public Health*, 99(11), 1-11.

<sup>2</sup>Adapted from Lippman et al. (2009) Social-Environmental Factors and Protective Sexual Behavior among Sex Workers: The *Encontros* Intervention in Brazil. *Amer J Public Health*, 99(11), 1-11 and SASCAT tool: De Silva and Harpham (2007). Maternal social capital and child nutritional status in developing countries. *Health & Place*, 13, 341-355.

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### 9. Maternal Depression Screener<sup>3</sup>

**Read:** Now I would like to ask you a few questions about you have been feeling since giving birth to (INFANT NAME). Specifically, I would like for you to now recall how you have been feeling **IN THE PAST 2 WEEKS**, not just how you feel today.

**Instructions:** Please read aloud the 4 answer choices before the respondent answers.

**READ:** Over the last 2 weeks, how often have you been bothered by any of the following problems:

<p>9.1 <i>Feeling down, depressed, or hopeless</i></p>	<p>01 = Not at all  02 = Several days  03 = More than half of the days  04 = Nearly every day    05 = Other. Specify _____  88 = Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<p>9.2 <i>Little interest or pleasure in doing things</i></p>	<p>01 = Not at all  02 = Several days  03 = More than half of the days  04 = Nearly every day    05 = Other. Specify _____  88 = Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

<sup>3</sup> Gjerdingen D, Crow S, McGovern P, Miner M, Center B. Postpartum depression screening at well-child visits: validity of a 2-question screen and the PHQ-9. *Ann Fam Med*. 2009;7(1):63-70.  
Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41(11):1284-92.

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## 10. Infant Health

**READ:** Now I would like to ask about (INFANT NAME)'s health in the past two weeks.

10.1	Did (INFANT NAME) receive a vitamin A dose (like this/any of these) since birth?  Show common types of capsules.	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
10.2	Has (INFANT NAME) had diarrhea in the last 2 weeks?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know >> Skip to 9.13	<table border="1"><tr><td></td><td></td></tr></table>		
10.3	While (INFANT NAME) had diarrhea, was he/she given breast milk?	01 = Yes 02 = No >> Skip to 9.5 88 = Don't Know >> Skip to 9.5	<table border="1"><tr><td></td><td></td></tr></table>		
10.4	While (INFANT NAME) had diarrhea, how much <u>breast milk</u> was he/she given to drink?  Was he/she given less than usual breast milk to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 88 = Don't Know 99 = Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.5	While (INFANT NAME) had diarrhea, was he/she given liquids (aside from breast milk) to drink?	01 = Yes 02 = No >> Skip to 9.7 88 = Don't Know >> Skip to 9.7	<table border="1"><tr><td></td><td></td></tr></table>		
10.6	While (INFANT NAME) had diarrhea, how much <u>other liquids</u> (aside from breast milk) was he/she given to drink?  Was he/she given less than usual other liquids to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = No drinks given 88 = Don't Know 99 = Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.7	When (INFANT NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual to eat, or nothing to eat?  Instructions: ONLY ask if the infant is not exclusively breastfed. If the infant is still exclusively breastfed, mark '99'/'Not Applicable'  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to Eat 88 = Don't Know 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr></table>		



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10.8	When (INFANT NAME) had diarrhea, was he/she given multiple micronutrient powder (SPRINKLES) with food?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know >> Skip to 9.13 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr></table>								
10.9	How many sachets of multiple micronutrient powder (SPRINKLES) was (INFANT NAME) given while he/she had diarrhea?	----- no. of sachets  88 = Don't Know 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr></table>								
10.10	Did you seek advice or treatment when (INFANT NAME) has diarrhea?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know >> Skip to 9.13 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr></table>								
10.11	What was the advice or treatment received?  Instructions: Please record all responses.	01 = ORS 02 = zinc 03 = ORS + zinc 04 = Drinking more liquids (aside from breast milk) 05 = Drinking less liquids (aside from breast milk) 06 = Drinking more breast milk than usual 07 = Drinking less breast milk than usual 08 = Antibiotics 88 = Don't Know 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>								
10.12	Where did you seek advice or treatment from?	01 = Health Personnel / Qualified Doctor 02 = Nurse/Midwife/Paramedic  03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer  06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA 13 = Unqualified Doctor 77 = Other(Specify) _____  88 = Don't know 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table>								
10.13	Has (INFANT NAME) been ill with a fever at any time in the last 2 weeks?	01 = Yes 02 = No  88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>								
10.14	Has (INFANT NAME) had an illness with a cough at any time in the last 2 weeks?	01 = Yes 02 = No >> Skip to 9.17 88 = Don't Know>> Skip to 9.17	<table border="1"><tr><td></td><td></td></tr></table>								

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10.15	When (INFANT NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	01 = Yes 02 = No >> Skip to 9.17 88 = Don't Know>> Skip to 9.17 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.16	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	01 = Chest only 02 = Nose only 03 = Both 77 = Other _____ Specify 88 = Don't Know 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.17	Is (INFANT NAME) still sick with a fever/cough?	01 = Fever only 02 = Cough only 03 = Both fever and cough 04 = No, neither>> <b>skip to Q 10.1</b> 88 = Don't Know 99=Not applicable ( <b>If Q-9.13, 9.14 answer "no"</b> )	<table border="1"><tr><td></td><td></td></tr></table>		
10.18	Did you give breast milk when (INFANT NAME) had fever/cough?	01 = Yes 02 = No >> Skip to 10.1 88 = Don't Know>> Skip to 10.1 <hr/>	<table border="1"><tr><td></td><td></td></tr></table>		
10.19	When (INFANT NAME) had fever/cough, how much breast milk was given to the child?  Was he/she given less than usual to breast milk, about the same amount, more than usual to breast milk?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to drink 88 = Don't Know 99 = Not Applicable			
10.20	When (INFANT NAME) had fever/cough, was he/she given less than usual to eat, about the same amount, more than usual to eat?  Instructions: ONLY ask if the infant is not exclusively breastfed. If the infant is still exclusively breastfed, mark '99'/'Not Applicable'  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to drink 88 = Don't Know 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.21	Did you seek advice or treatment when (INFANT NAME) has diarrhea? <hr/>	01 = Yes 02 = No >> Skip to 10.1 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table>		
10.22	What was the advice or treatment received?  Instructions: Please record all responses. <hr/>	01 = Acetaminophen 02 = Ibuprofen 03 = Oral antibiotics 04 = Shot 05 = Both oral antibiotics and shot 06 = Intravenous (IV) fluids 07 = Cough medicine	<table border="1"><tr><td></td><td></td></tr></table>		

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		08 = Aspirin 77 = Other. Specify: _____ 88 = Don't Know 99=Not applicable			
10.23	Where did you seek advice or treatment from when child had fever/cough?	01 = Health Personnel / Qualified Doctor 02 = Nurse/Midwife/Paramedic 03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer 06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA 13 = Unqualified Doctor 77 = Other(Specify) _____ 88 = Don't know 99=Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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## 11. Anthropometrics

**Read:** Now I would like to take your height and weight measurements. Also, a finger prick blood sample will be taken in order to check the amount of iron that is in your blood. Please know that this is a common, standard test for iron, which requires only a small drop of blood.

MEASUREMENTS FOR MOTHER							
11.1	HEIGHT IN CENTIMETERS	CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
11.2	WEIGHT IN KILOGRAMS	KG <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
11.3	HEMOGLOBIN IN FINGERPRICK BLOOD SAMPLE	gm/dL <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> .					
11.4	STATUS OF HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENTS  Measured ..... 1 Not Present..... 2 Refused all..... 3 Other ..... 7	<table border="1"><tr><td></td><td></td></tr></table>					

**Read:** Now I would now like to take length, weight, head circumference, and iron measurements of (INFANT NAME) A finger prick blood sample will also be taken in order to check the amount of iron that is in your blood. Again, this is a common, standard procedure that requires only a small drop of blood.

ANTHROPOMETRIC MEASURES AND IRON STATUS FOR CHILD (3 MONTHS)								
11.5	RECORD NAME OF INFANT FROM 4.1		NAME _____					
11.6	RECORD SEX OF INFANT FROM 4.2		01=Male 02=Female <table border="1"><tr><td></td><td></td></tr></table>					
11.7	WEIGHT IN KILOGRAMS	Caretaker with child	KG <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
		Only mother	KG <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
11.8	LENGTH IN CENTIMETERS  Instructions: Measurement should be taken when infant is lying down as flat as possible on his/her back.		CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
11.9	HEAD CIRCUMFERENCE IN CENTIMETERS		CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					
11.10	HEMOGLOBIN IN FINGERPRICK BLOOD SAMPLE		gm/dL <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>					

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Study ID

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Was anyone other than the respondent present at the time of interview?

01=Yes

02=No

--	--

If 'Yes' mention

Husband

--	--

Father-in-law//Mother-in-law

--	--

Daughter/Son

--	--

Elder sister-in-law/Sister-in-law

--	--

Uncle/Aunt

--	--

Other household members

--	--

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Neighbor (Name, relation)

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Notes:

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Name of Interviewer

\_\_\_\_\_

Code

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Name of Quality  
Controller

\_\_\_\_\_

Code

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Date:-----